



Columbus Police Department Columbus Fire Department



Youth Academy Application

Name: _____ MALE or FEMALE
Last First M.I.

Address: _____
Number and St. (Apt. #) City State ZIP

Adult T-Shirt Size: (S,M,L, XL) Date of Birth: _____

School: _____ Grade: _____

Parent/Guardian: _____

Home Phone: _____ Work Phone: _____

Address: _____

In Case of Emergency Contact: _____
Last First M..I.

Relationship to Applicant: _____

Emergency Phone Numbers : (____) _____ (____) _____

Applicant, how did you learn about the Columbus Police Department Youth Academy?

All students must complete a one page essay about why they are interested in attending the Police and Fire Youth Academy and why they should be selected.

_____ I have attended a prior Youth Academy. Year? _____

_____ I have submitted an application, but was declined in past years.

Just a reminder, if the applicant is chosen to participate in the academy this is a "hands on," experience. Students will be participating in physical fitness training, self-defense tactics, firearms safety, and many more exciting topics.

The Columbus Police and Fire Depts. will take reasonable steps to insure the safety of all participants.

Parent/Guardians Signature: _____ Date: _____

Applicants Signature: _____ Date: _____

Received _____ Contacted _____

RETURN THIS APPLICATION ALONG WITH YOUR COMPLETED WAIVER FORM AND ESSAY TO THE COLUMBUS POLICE DEPARTMENT OR MAIL TO: COLUMBUS POLICE DEPARTMENT 123 WASHINGTON ST. COLUMBUS, IN 47201. ATTN: SGT. JASON CHRISTOPHEL.